



Ethical Issues of Pan Flu

Results are Preliminary and may be Different Upon Final Report

Three Key Areas

• Critical workers

- Balancing individual rights with the need to protect the public
- Utilization of limited resources



Pan Flu Ethics Task Force

- Rosemarie Tong and Leah Devlin, Co-Chairs
- Experts from Public Health, Ethicists, Academia, Hospitals, Medical Society, Professional Licensing Boards, Mental Health, Vulnerable/Special Populations, Faith Communities
- Monthly meetings, public forums
- Staffed by the NC Institute of Medicine, Pam Silberman, President

Critical Workers





Critical Industries

- Certain organizations and businesses must continue to operate during a flu pandemic. This includes, but is not limited to:
 - Healthcare (e.g., hospitals, doctors' offices)
 - Public safety (e.g., police, fire)
 - Food and utilities (e.g., grocery store, electricity, fuel)
 - Banking
- If the flu pandemic is severe, as many as 40% of the workers may be sick or caring for someone who is sick



Key Questions

- Do workers have a responsibility to work even if it puts them at increased risk?
 - If not, how do we ensure that we have the workers necessary to run these critical organizations?
- What responsibility does government or the employer have to try to protect these workers from harm?



Responsibility to Work: Task Force Preliminary Thoughts

- All workers who are needed for the ongoing operations of these organizations have a responsibility to work, even if it puts them at increased risk
- Certain workers have a greater responsibility to work because of their profession:
 - Licensed health professionals (doctors, nurses, pharmacists)
 - Law enforcement professionals



Responsibility to Work: Task Force Preliminary Thoughts

- Some workers may be asked to take on new job responsibilities.
 - However, they should only be asked to do different tasks if they are provided appropriate training
- The responsibility to work must be balanced against other considerations, such as the need to stay home to care for a family member who is sick



Reciprocal Obligations

Task Force Preliminary Thoughts

- Government and employers have a responsibility to try to keep the workers safe:
 - Critical workers who are at increased risk of infection should get priority for vaccinations, masks or other equipment which could prevent the spread of disease.
- Employers have a responsibility to inform workers before a flu pandemic if they would be required to work during the emergency.



Healthcare Workers

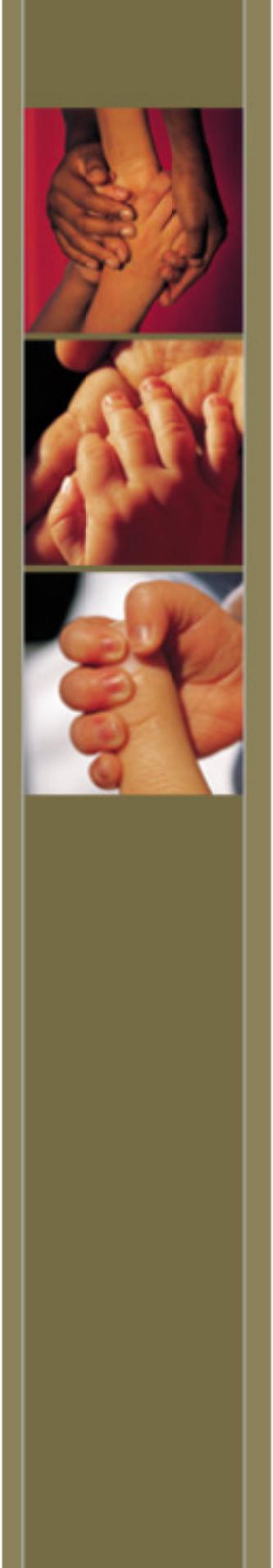
Task Force Preliminary Thoughts

- Healthcare workers who are required to assume new responsibilities should be protected from lawsuits
 - If they acted in good faith to try to address the emergency
 - If the harm was not a result of intentional wrongdoing



Critical Workers: Example

- Nancy is a nurse at the local hospital. She has been a nurse for about a year, and she is very nervous about caring for patients with the pandemic flu. She became a nurse to help people, and she knows these people need her help. But she is worried she might catch the flu virus.



Key Questions

- Do workers who work in these critical organizations have a responsibility to work even if it puts them at increased risk?
 - If not, how do we ensure that we have the workers necessary to run these critical organizations?
- What responsibility does government or the employer have to try to protect these workers from harm?

Balancing Individual Rights with Need to Protect the Public





Preventing the Spread of the Disease

- Flu virus is spread from one person to another by coughs and sneezes
- The best way to prevent the spread of the disease is to keep sick people, or people who have been exposed to the virus, away from healthy people
- However, it's not always easy to know who is infected
 - People can transmit the disease 1 day before they have symptoms and up to 5 days after becoming sick
 - Some infected people do not have symptoms



Public Health Protection Steps

- State and local public health agencies are responsible for protecting the health of the community
- In the early stages of the pandemic influenza, public health might:
 - Require people who are sick, or have been around someone who is sick, to stay home



Public Health Protection Steps

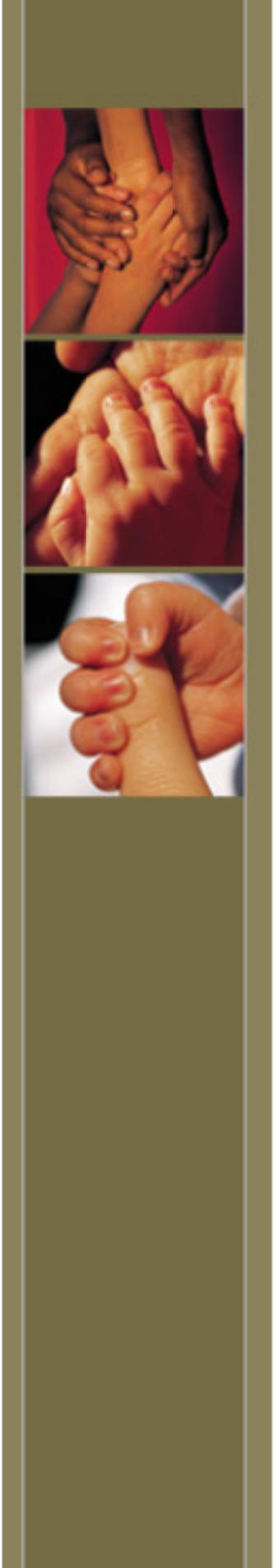
- In the later stages of a pandemic, when lots of people are ill, public health or another governmental organization might:
 - Close schools or day care
 - Ask people not to attend religious services
 - Tell workers to stay home from work (unless they are in a critical industry and have to work on-site)



Public Health Protection Measures

Task Force Preliminary Thoughts

- Public health should take actions needed to prevent illness and death during a pandemic
 - But should limit those actions to the least restrictive alternatives necessary to protect the public
- State and local public health should help educate the public about the need for public health protection measures to prevent spread of disease
 - In advance of a flu pandemic
 - During the course of a flu pandemic



Key Questions

- What restrictions are you willing to undertake *voluntarily*, to prevent family members from getting sick or spreading the disease to others?
- What information or support do you need to follow the public health recommendations?
- Who do you trust to provide this information?



Examples

- What restrictions are you willing to undertake *voluntarily*, and what information or support do you need to make these decisions
 - Not going to work
 - Not going to church or other religious institution
 - Kids staying home from school or day care facilities
 - Not going to the malls
 - Not going to sporting events
 - Caring for a sick family member at home (if hospitals and healthcare facilities are full)

Distributing Limited Resources





Many People Are Likely to Get Sick in North Carolina

| | Regular flu | Pandemic flu |
|------------------|-------------|--------------|
| Doctor visits | 750,000 | 1.6 million |
| Hospitalizations | 6,000 | 29,000 |
| Deaths | 1,100 | 6,700 |



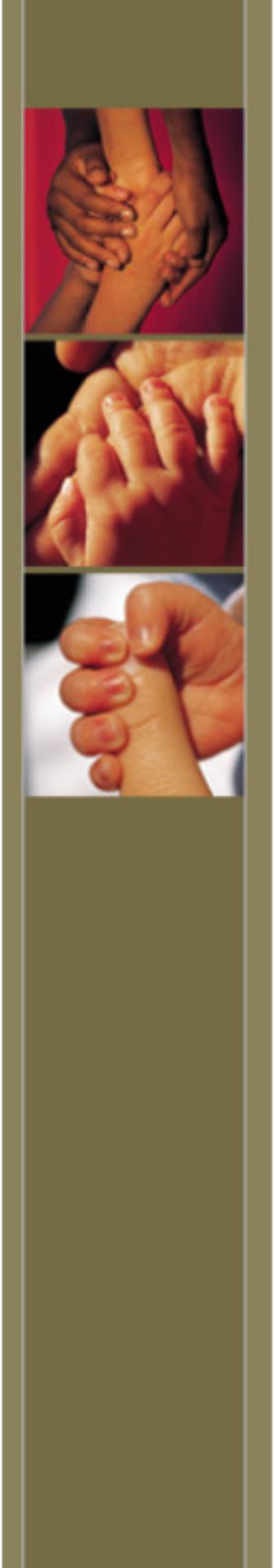
Healthcare Resources May Be Limited

- Not enough vaccines to prevent spread of disease
- Not enough healthcare resources to provide all needed services to sick people
 - For example, unlikely to be enough hospital ventilators to serve all the people who need them



Key Questions

- How should we distribute limited healthcare resources (such as vaccines or ventilators)?
- What criteria should not be used to distribute healthcare resources?



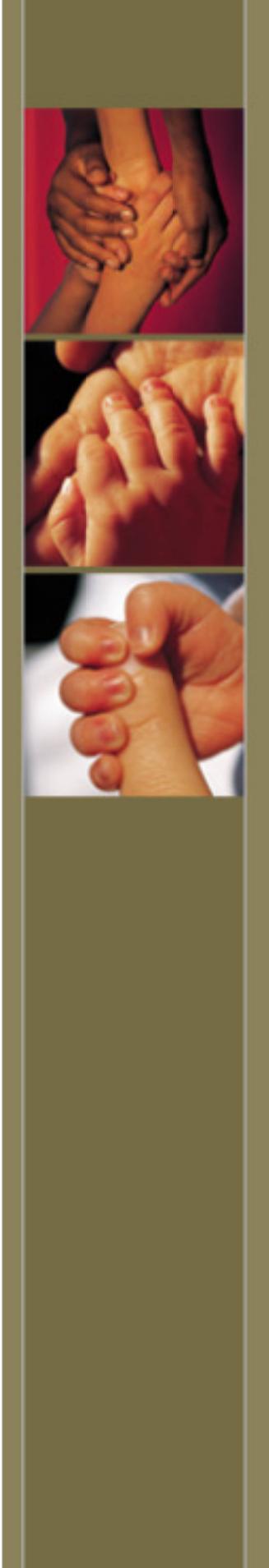
Distribution Options

- Priority for the distribution of the vaccine or other limited healthcare resources should be given to:
 - Assure the functioning of society (e.g., healthcare workers, public safety)
 - Reduce the number of people who get sick
 - Reduce individual deaths and hospitalizations due to influenza
 - Protect people with the most life ahead of them



Distribution Options (cont'd)

- There should be no priorities for the distribution of the vaccine or other limited healthcare resources, in order to ensure that everyone has a chance to be protected
 - Lottery
 - First come-first serve



Distribution Priorities

Task Force Preliminary Thoughts

- Distribution of vaccines
 - Priority should be given to people who are critical to assure the functioning of society and are at increased risk of infection
 - Examples: healthcare workers working with sick people, public safety personnel
- Distribution of other limited healthcare resources (such as ventilators)
 - Priority should be given with the goal of minimizing deaths. For example, limited healthcare resources should be given to those who can benefit the most

Distribution Priorities

Task Force Preliminary Thoughts

- Distribution decisions should not be based on the patient's gender, age, race, ethnicity, nationality, sexual preference, geography, disability, or insurance status
 - Unless these characteristics affect the person's likelihood of contracting the disease or likelihood of survival
- Distribution decisions should be based on health factors related to the flu virus
- The goal of treatment decisions should be to return individuals to their pre-infection health status





Key Questions

- Who should get limited healthcare resources?
 - Vaccines
 - Ventilators
- What criteria should not be used to distribute healthcare resources?



Thank You